Massachusetts Department of Public Health
Saturation/Gridlock Response Plan
December 2002

Baseline: This level represents normal operations on a daily basis and continues during all stages of response.

Trigger: None.

Hospital Responsibilities:

1. Participate in Regional EMS internet based web communication system
2. Use MHA/DPH Best Practices Guidelines, distributed to hospitals December 1999, 2000 and 2001 (available at www.state.ma.us/dph/bhqm/ambdiv.htm)
3. Follow uniform rules/definitions, distributed February 2002. (www.state.ma.us/dph/bhqm/ambdiv.htm)
4. Follow Regional EMS ambulance diversion protocols and procedures.
5. Track occupancy data and hospital diversion hours according to statewide definitions.
6. Develop and test hospital specific Code Help response plan. Code Help is defined as an internal hospital policy to redeploy staff and resources with a *goal* of expediting movement of all admitted patients out of the ED within 30 minutes or as soon as possible
7. Develop and test specific components of hospital disaster plan related to boarding, diversion, and overcrowding.
8. Participate in the development of a community disaster plan.

Regional EMS Responsibilities:

1. Maintain Internet web based communication network.
2. Maintain individual hospital diversion hours, using statewide definitions
3. Monitor adherence with regional ambulance diversion protocols.
4. Work with other regions and DPH to establish consistent regional and inter-regional conditions that would trigger each stage.

DPH Responsibilities:

1. Report monthly regional diversion numbers, along with regional diversion and boarding trends, by posting on the DPH web site. (Individual hospitals would not be identified.)
2. Assure institutional and regional adherence with statewide definitions of diversion, boarding, and ED saturation and adoption of Best Practices Guidelines.
3. Continue quarterly statewide ambulance diversion task force meetings to monitor progress and status of diversion and boarding in the state, and to determine additional actions required.
4. Support studies that can identify ways to decrease the amount of diversion and boarding in the state.
5. Annually review staffed in-patient bed, critical care bed and ED capacity and report results with recommendations for any necessary changes.
6. Develop clear guidelines on communication so that all hospital and pre-hospital providers understand how and by whom information will be communicated at each stage.

Stage I

Trigger:

1. When multiple contiguous hospitals (2 or more, or as pre-established by individual regions) are saturated and are on or requesting ambulance diversion at the same time according to current definitions and

2. The Regional EMS Medical or Executive Director or designee believe that if public safety may be in jeopardy.

Hospital Responsibilities:

1. All hospitals in impacted areas will provide bed availability data as requested by EMS regions or DPH.
2. Saturated hospitals will implement “code help”, if unsuccessful, saturated hospitals will treat and transfer all appropriate patients.

Regional EMS Responsibilities:

1. The Regional EMS Medical Director, Executive Director or Designee activates Stage I by notifying hospitals, DPH, and EMS providers via a posting on the website (or through other defined communication channels).
2. On a regular basis review Stage I events, sharing lessons from such events with other hospitals within the region, other regional Councils, and the Ambulance Diversion Task Force.
3. Cancel diversions or implement a pre-approved rotational plan

DPH Responsibilities:

1. Assist individual hospitals, upon request from hospital or EMS region, to manage Stage I events, and coordinate with hospitals, MHA, Regional EMS Councils, and media communications on Stage I events.
2. Track, monitor, and report monthly all Stage I events across the state and post on DPH website.

Stage II

Trigger:

1. Stage I conditions persist (e.g., greater than four hours) or worsen or expand geographically despite stage I interventions, and the EMS Medical Director, Regional Director, or designee believes public safety remains jeopardized

Hospital responsibilities:

1. Accommodate emergency admissions by dispersing patients to individual hospital inpatient units, using hall beds and other options as necessary, to alleviate ED saturation.
2. All saturated hospitals shall activate relevant components of internal disaster plans and reschedule selected scheduled elective inpatient surgeries and admissions to alleviate ED saturation and provide for the safety of emergency cases, in situations where such rescheduling will have a direct and beneficial effect on the flow of patients into or through the ED.
3. Hospitals shall make all decisions regarding the redirection, transfer, or cancellation of admissions or elective inpatient surgeries on a priority basis to best balance the safety and needs of all patients.
4. In making such decisions, in addition to patient acuity, hospitals may consider such factors as the risk of rescheduling to a patient's health, and for hospitalized patients, such factors as preoperative status and the safety of an early transfer or discharge.

Regional EMS responsibilities:

1. Regional EMS Medical or Executive Director or designee will notify DPH of need for statewide activation, and, in response to DPH call, will activate Stage II events by notifying hospitals, and EMS providers via a posting on the website (or through other defined communication channels).
2. Coordinate information collection regarding real-time hospital capacity within region and

surrounding areas and assist DPH in making any further recommendations necessary.

DPH Responsibilities:

1. Decide on need for stage 2 activation based on information received from hospitals and/or regions.
2. DPH will intervene as necessary to alleviate crisis conditions by permitting, as necessary, use of hallway space on in-patient floors for emergency admissions, suspension of staffing ratios, allowing transitional beds to be used as in-patient beds, and requiring transfer of patients to other facilities.
3. Maintain real time bed information availability information, and notify hospitals and regions of vacancies as necessary
4. Track, monitor and report monthly all Stage II events across the state and post on DPH website.

Stage III

Trigger:

1. Based on Stage II conditions persisting for more than 4 hours. **OR**
2. At the request of more than one EMS Region. **OR**
3. At the discretion of the Commissioner of Public Health in the interest of public safety.

Hospital Responsibilities:

1. Impacted hospitals shall activate local community disaster plans.
2. Transfer out all admissions that can be managed in other environments.
3. Cancel non-emergent scheduled admissions

Regional EMS Council Responsibility:

1. Provide all necessary support to DPH, Regional Councils and facilities to assist in resolving the crisis.

DPH Responsibility:

1. Commissioner of Public Health or Designee declares Stage III state of emergency for Massachusetts.
2. Activate emergency regulations to ban all non-emergent scheduled admissions and transfers.
3. Activate relevant components of statewide disaster plans.
4. Activate all other emergency regulations, to increase additional pools of nurses, allied health professionals, and physicians and coordinate the allocation of these resources to facilities in need.
5. Request National Guard, DMAT or other assistance as necessary.
6. Permit the use of other facilities such as schools, nursing homes, community health centers, etc to provide emergency services with the help of mobile field units for supplies and equipment.
7. Activate media/public communications plan.